

**MULTIPLE DEFENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101549976

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1		1	
3	1		1			
4	1		1			
5	1		1			
6						
7						
8						
9						
10						
11						
12						
13	1		1			
14						
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16						
17						
18	1		1			
19						
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23	1		1			
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48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	19	←	20	←	26	←
TOTAL CLAIMS	23		26			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←		←		←
TOTAL CLAIMS						